

**CHECKLIST TO REINSTATE  
HYGIENE LICENSE  
FOR 2005-2006**

- ◆ Your license should not have been retired for more than 5 years.
- ◆ It should not have been more than 5 years since you practiced.
- ◆ Licenses which you have in other states should be in good standing whether active or inactive.
- ◆ You need to satisfy the requirements list below.
- ◆ Continuing education hours taken to reinstate your Kentucky license cannot be used to renew your Kentucky license for the next renewal period.
- ◆ You may submit one check for all fees.
- ◆ Your application will be presented to the board for approval at the next regularly scheduled meeting.

**Documentation needed**

- \_\_\_\_\_ 1. Letter requesting reinstatement to include information as to why you retired your license, why you desire reinstatement, and what you have done professionally since you retired your license.
- \_\_\_\_\_ 2. Proof of taking 30 hours of continuing education. 20 hours must be scientific, presentation format. 10 hours can be of home study, magazine or journal articles, business, internet articles or videos.
- \_\_\_\_\_ 3. Proof of taking a HIV/AIDS course approved by the Kentucky Cabinet for Health & Family Services. Must be at least a 2 hour course. These hours are not included in the 30 hours. Contact the Cabinet for Health & Family Services at 502/564-6539 or check their web-site <http://chfs.ky.gov/dph/hiv aids/>.
- \_\_\_\_\_ 4. A copy of current CPR, BLS or ACLS card. (Approved Providers: American Red Cross; American Heart Association; American Safety & Health Institute (FL); Active Canadian Emergency Training.) These hours are not included in the 30 CE hours.
- \_\_\_\_\_ 5. Reinstatement/Renewal application for the current year.
- \_\_\_\_\_ 6. Renewal fee for each year your license was in retirement, plus a reinstatement fee. Reinstatement cost:

<b>Retired for 2005-2006</b>	<b>80 + 25 = \$105</b>
<b>Retired for 2003-2004</b>	<b>160 + 25 = \$185</b>
<b>Retired for 2001-2002</b>	<b>240 + 25 = \$265</b>

**You will also need the following if you hold or have ever held a license in another state.**

- \_\_\_\_\_ 6. Verification that your license is in good standing in any state you have practiced in which you are licensed. **This must be sent directly to the Board office.**
- \_\_\_\_\_ 7. Report from the National Practitioners Data Bank (NPDB) and AADE Clearing House. Fill out the NPDB/AADE application, submit with the appropriate fee as noted at the top of the application.

Send application and make check payable to:

**Kentucky Board of Dentistry  
10101 Linn Station Road, Suite 540  
Louisville, Kentucky 40223  
Attention: Diana Bailey, Executive Secretary  
Phone (502) 429-7280 Fax (502) 429-7282**